GUAM ENVIRONMENTAL PROTECTION AGENCY
AHENSIAN PRUTEKSION LINA'LA GUAHAN
Air Pollution Control Permit Application
Standby Generator Form and Directions

This Standby Generator Short Form Application is only applicable to facilities that have one or more standby generator(s) with heat input greater than 350,000 BTU/hr which is the only type of air emission source(s) within the facility, and that will only be used during power outages. The total potential to emit from the emission from these standby generator(s) within the facility must be less than 100 tons per year on any particular pollutant and will not be a federal oversight source. When calculating potential to emit for the standby generator, use 1500 hours of operation per year. All other sources must use the Standard Application Form (Form S).

SECTION A - Enter the **Company name of the facility**. If the facility's official or legal name is different from the company name, enter the facility name. Do not use a colloquial name. Enter the complete mailing address, telephone number, and fax number for the facility.

SECTION B - Enter the name, title, complete mailing address, telephone number, and fax number of the **owner of the facility**. If there is more than one owner, list the other owner(s) on an attachment. For example, the owner(s) could be an individual, a partnership, a company, a parent company, or a corporation, or any combination of these.

SECTION C - Enter the name, title, complete mailing address, telephone number, and fax number of the **operator of the facility**. For example, the operator may be an individual or a company. In some cases, the owner and operator may be the same individual or company.

SECTION D - Enter the name, title, complete mailing address, telephone number, and fax number of the **contact person**. The contact person should be familiar with the day-to-day operation of the facility, such as the plant site manager or other individual who can be available to be contacted by Guam EPA. If there is more than one contact person, list the others on an attachment.

SECTION E - Enter the street address, village, Lot No., Tract No., Zoning and UTM coordinates of the facility. Attach a copy of the map used for the UTM coordinates and specify the datum used on the map. In addition, attach a layout of the facility identifying the location of the generator(s) on the property and all structures within the property lines. Provide the building dimensions (height, width, length) of all structures within 325 meters of the generator that have heights greater than 40% of the stack height of the generator.

SECTION F - Mark the appropriate box to indicate whether the permit is needed to construct and operate a source, or if the facility already exists and a permit is only needed to initiate or continue operations. If the source has previously received an Air Pollution Control Permit, enter the permit number here.

SECTION G - Mark the appropriate box to indicate whether this application is for an initial permit (this includes any source that has never used these forms to apply for a permit), a permit renewal, modification to an existing permit, or administrative permit amendment. Please note that the application fee for each Application Type is specified. **An application is deemed incomplete and will not be processed if Application Fee is not submitted.** Make checks or money order payable to:

Treasurer of Guam c/o Guam EPA's Air Pollution Control Special Fund

SECTION H - Complete the **Emission Unit Table (Table 1)** as completely as possible; make additional copies as need. Use separate sheets to provide required information. In providing the required information, please use the corresponding paragraph numbers and letters listed below.

1. Identify the generator with a unique number for the plant site (ie. GEN1), consistent with generator identification used on the location drawing and previous permits. If known, provide the SIC Code.
2. Enter information about the make and model of the generator on the table.
3. For each emission point use as many lines as necessary to list regulated and hazardous air pollutant data. For hazardous air pollutants, also list the Chemical Abstract Service (SAC) number.
4. Maximum emission rates of each regulated and applicable hazardous air pollutants shall be lbs/hr and tons/year as necessary to establish compliance with applicable requirements and standard reference test.
5. Provide stack information as required. Identify the Stack No. with individual generator units that discharge together for any length of time. (Ie, GEN1 and GEN2 use the same stack, therefore under Stack No.1, Provide information for GEN1 and GEN2).
6. Attach to the Emission Unit Table the following information:
    a. A description of the generator (with a copy of the engine specification).
    b. The type of fuel used (with a copy of the fuel specification).
    c. Typical Operating Schedules (to the extent needed to determine or regulate emissions).
        i. Total hours per day, per week, and/or per month.
        ii. Total hours per year.
        iii. If operation is seasonal or irregular, describe.
    d. All supporting emission calculations and assumptions. Performance specifications from the manufacturer which should include enough information to calculate particulate matter (PM) and particulate matter equal to or less than 10 microns (PM10), sulfur dioxide (SO2), carbon monoxide (CO), nitrogen oxide (NOx), and volatile organic compounds (VOC).
    c. Storage Tank Summary, if any. (See Table 2)
    d. A blue print design of the unit that shows stack height and diameter, unit location relative to nearby building structures and areas such as office, parking lot, other buildings, day tanks, etc.

SECTION I - The **responsible official** is typically the president, commanding officer, or other official charged with the overall control of liability for the facility. See Section 1101 of the Air Pollution Control Standards and Regulations for a further discussion of who can be delegated this responsibility. Enter the complete name, title, address, and telephone and fax number, for the responsible official.

SECTION J - The **responsible official** must sign and date this section.

NOTE: **Incomplete applications cause unnecessary delay in permit processing. The applicant should contact Guam EPA at (671) 475-1611/2 as soon as questions arise as to applicability of regulations and data requirements. Applicants are encouraged to consider seeking professional assistance, including engineering and consulting firms. Incomplete application may not be processed.**

GUAM ENVIRONMENTAL PROTECTION AGENCY

AHENSIAN PRUTEKSION LINA'LA GUAHAN

Air Pollution Control Permit Application

Standby Generator Short Form

A. **Company Name:** _____

Source or Facility Name (if different from the Company) _____

Mailing Address: Street or P.O. Box:_____

City_____**State**_____**Zip Code**_____

Telephone (____)_____**Fax (____)**_____

B. **Owner Information**

Name of Owner(s)/Owner's Agent:_____

Title: _____

Mailing Address (Street or P.O. Box)_____

City_____**State**_____**Zip Code**_____

Telephone (____)_____**Fax (____)**_____

C. **Operator Information:**

Name_____

Title _____

Mailing Address (Street or P.O. Box)_____

City_____**State**_____**Zip Code**_____

Telephone (____)_____**Fax (____)**_____

D. **Contact Person/Plant Site Manager Information:**

Name_____

Title _____

Mailing Address (Street or P.O. Box)_____

City_____**State**_____**Zip Code**_____

Telephone (____)_____**Fax (____)**_____

E. Facility Location:

Street Address: _____Village_____

Lot No. _____Tract No. _____

Zoning _____ UTM Coordinates: _____

1. **Specify datum used for UTM Coordinates (ie. Guam Datum 1963) and provide a copy of map used.**
2. **Provide a facility location map, drawn to a reasonable scale and showing the following:**
   - **a. The property involved and all structures on it; identify property lines/fence lines plainly.**
   - **b. Layout of the facility**
   - **c. Location and identification of the proposed emission unit(s) on the property.**
   - **d. Location of the property and equipment with respect to street and all adjacent property. Show the location of all structures within 325 meters of the applicant's emission unit. Provide the building dimensions (height, width, length) of all structures that have heights greater than 40% of the stack height of the emission unit.**

F. Permit Type

‘ Construction and Operation ‘ Operation

Existing Air Pollution Control Permit Numbers (if applicable)_____

G. Application Type / Application Fee

‘ Initial Permit for Existing Source **($100.00)**

‘ Initial Permit for New Source **($150.00)**

‘ Permit Renewal **($100.00)**

‘ Permit Modification **($100.00)**

‘ Administrative Permit Amendment **($50.00)**

Make checks or money order payable to: **Treasurer of Guam c/o Guam EPA's Air Pollution Control Special Fund**

H. Emission Unit Table: Complete the **Emission Unit Table (Table 1)** as completely as possible; make additional copies as need. Use separate sheets to provide required information. In providing the required information, please use the corresponding paragraph numbers and letters listed below.

1. Identify the generator with a unique number for the plant site (ie. GEN1), consistent with generator identification used on the location drawing and previous permits. If known, provide the SIC Code.
2. Enter information about the make and model of the generator on the table.

3. For each emission point use as many lines as necessary to list regulated and hazardous air pollutant data. For hazardous air pollutants, also list the Chemical Abstract Service (SAC) number.
4. Maximum emission rates of each regulated and applicable hazardous air pollutants shall be lbs/hr and tons/year as necessary to establish compliance with applicable requirements and standard reference test.
5. Provide stack information as required. Identify the Stack No. with individual generator units that discharge together for any length of time. (Ie, GEN1 and GEN2 use the same stack, therefore under Stack No.1, Provide information for GEN1 and GEN2).
6. Attach to the Emission Unit Table the following information:
    a. A description of the generator (with a copy of the engine specification).
    b. The type of fuel used (with a copy of the fuel specification).
    c. Typical Operating Schedules (to the extent needed to determine or regulate emissions).
        i. Total hours per day, per week, and/or per month.
        ii. Total hours per year.
        iii. If operation is seasonal or irregular, describe.
    d. All supporting emission calculations and assumptions. Performance specifications from the manufacturer which should include enough information to calculate particulate matter (PM) and particulate matter equal to or less than 10 microns (PM10), sulfur dioxide (SO2), carbon monoxide (CO), nitrogen oxide (NOx), and volatile organic compounds (VOC).
    e. Storage Tank Summary, if any. (See Table 2)
    f. A blue print design of the unit that shows stack height and diameter, unit location relative to nearby building structures and areas such as office, parking lot, other buildings, day tanks, etc.

VII. Responsible Official:

RESPONSIBLE OFFICIAL
(as defined in § 1101.1(jjj))

Name (Last): _____ (First): _____ (MI): _____

Title: _____

Mailing Address (Street or P.O. Box): _____

City: _____State:_____ Zip Code:_____

Telephone (____)_____Ext._____ Fax (____)_____

J. Certification:

CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS BY THE RESPONSIBLE OFFICIAL
(pursuant to §1104.6(c)(14) & §1102.3)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Guam Environmental Protection Agency as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Guam Air Pollution Control Standards and Regulations (Public Law 24-322), and any permit issued thereof.

Name (printed or typed) _____

Name (signed) _____Date: _____/____/____

FOR AGENCY USE ONLY:

File/Application No.: _____

Date Received: _____

Received By: _____

Permit Application Fee Enclosed:_____

Check No.:_____ Agency Receipt No.: _____

GEPA APC Special Fund Account No. _____

TABLE 2

STORAGE TANK SUMMARY

BUSINESS LICENSE NAME OF CORPORATION, COMPANY, INDIVIDUAL OWNER OR GOVERNMENTAL AGENCY UNDER WHICH APPLICATION IS SUBMITTED:

TANK LOCATION:

TANK IDENTIFICATION (NUMBER OR NAME):

TANK CAPACITY:

BARRELS: _____ **GALLONS:** _____

TANK DIMENSION:

DIAMETER:_____ **HEIGHT:**_____ **LENGTH:** _____ **WIDTH:** _____

TANK SHAPE:

• **CYLINDRICAL** • **SPHERICAL** • **OTHER SHAPE** **DESCRIBE** _____

TANK MATERIALS

OF CONSTRUCTION: • **STEEL** • **WOOD** • **OTHER** **SPECIFY** _____

TANK PAINT:

• **WHITE** • **GREY OR BLUE** • **ALUMINUM** • **DK. CLR** • **NO PAINT**

TANK STATUS:

• **NEW CONSTRUCTION** • **ALTERATION**

TYPE OF TANK: • **FIXED ROOF** • **PRESSURE** • **HEATED** • **UNDERGROUND**

(CHK. ALL APPLICABLE) • **FLOATING ROOF** • **OPEN TOP** • **INSULATED** • **OTHER**

IF TANK IS TO HAVE ANY OTHER TYPE OF ROOF OR COVER (OR NONE AT ALL), DESCRIBE:

VENT VALVE DATA: INDICATE TYPE, NUMBER, SETTING AND VAPOR DISPOSAL:

	NUMBER	PRESSURE SETTING	VACUUM SETTING	DISCHARGE TO: (CHECK)		
				ATMOSPHERE	VAPOR CONTROL	FLARE
COMBINATION						
PRESSURE						
VACUUM						
OPEN						

NAME ALL LIQUIDS, VAPOR, GASES OR MIXTURE OF SUCH MATERIALS TO BE STORED IN THIS TANK:

NAME:_____ **DENSITY:** _____ **LBS/GAL.**

TABLE 2

STORAGE TANK SUMMARY

(Continued)

TEMPERATURES AT WHICH THE ABOVE LISTED MATERIALS ARE TO BE STORED IN THIS TANK:

MINIMUM TEMPERATURE: _____ EF MAXIMUM TEMPERATURE _____ EF

IF MATERIALS STORED IS A PETROLEUM PRODUCT OR ANY OTHER TYPE OF ORGANIC MATERIAL, SUPPLY THE FOLLOWING INFORMATION FOR EACH MATERIAL: (Attach additional sheets, if necessary).

VAPOR PRESSURE: _____ LBS.REID (OR) _____ LBS. PER SQ. IN. ABSOLUTE AT _____ EF

INITIAL BOILING POINT:_____ EF

FOR HEAVIER PETROLEUM PRODUCTS ONLY: FLASH POINT: _____ EF

OPERATIONAL DATA:

MAXIMUM FILING RATE: _____ BARRELS PER HOUR (OR) _____ GALLONS PER HOUR

AVERAGE OUTAGE: (AVERAGE DISTANCE FROM TOP OF TANK SHELL TO LIQUID SURFACE): ____FT.

AVERAGE THROUGHPUT: _____ BARRELS PER DAY (OR) _____ GALLONS PER DAY

NAME OF SOLVENT: _____

NAME OF MATERIAL DISSOLVED: _____

CONCENTRATION OF MATERIAL DISSOLVED: _____ % BY WEIGHT (OR) _____ % BY VOLUME

(OR) _____ LBS/GALLON

IF MATERIAL STORED IS A GAS OR A LIQUIFIED GAS WHICH IS NOT A PETROLEUM PRODUCT, SUPPLY THE FOLLOWING INFORMATION:

IDENTIFY THE MATERIAL: _____

PRESSURE AT WHICH MATERIAL IS STORED: _____ LBS. PER SQ. IN. GAGE AT _____ EF

Company Name: _____ File No. _____

Location: _____

EMISSION UNITS TABLE (Table 1)

REVIEW OF APPLICATIONS AND ISSUANCE OF PERMITS WILL BE EXPEDITED BY SUPPLYING ALL NECESSARY INFORMATION ON THIS TABLE.

Stack No.	Unit No.	Equipment Name/Description and SIC CODE	Equip. Date	Regulated/ Hazardous Air Pollutant Name (CAS#)	lbs/hr	Tons/yr	Zoning	East (m)	North (m)	Stack Height Above Ground	Stack Direction	Stack inside diameter (m)	Stack Velocity (m/s)	Actual Flow Rate (m^3/s)	Stack Temp (EK)

(1) Date of Equipment Construction, Reconstruction, or Modification. Provide supporting documentation.

(2) Exit direction of the stack emissions: up, down, or horizontal.